

(Enclosure 8)

HFP/C-CHIP Premiums for:

Name

Please fill in name and shaded C-CHIP row

Program	Premium Amount	Payments Due Monthly/Quarterly	Discounts
HFP	\$4 - \$15 per month per child (\$45 maximum per month)	Monthly	Pay 3 months get the 4 th free; 25% discount if paid by EFT
C-CHIP	\$_____ per month per child		